STATE OF TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF AIR POLLUTION CONTROL

NOT TO BE USED FOR TITLE V APPLICATIONS



TN. DN. OF

AIR POLLUTION CONSthistor, L & C Annex

401 Church Street

Nashville, TN 37243-1531

7006 MAY - I AM (Celeptone: (615) 532-0554
FAX: (615) 532-0614

PERMIT APPLICATION

						PECEIVED APC 20
		ND SUBMIT	IN DUPLICATE FO	R EACH EMISS	SION SO	URCE. ATTACH APPROPRIATE SOURCE
1.	ORGANIZATION'S LEGAL NAME APPLO #7				/// FOR	APC COMPANY-POINT NO. 90 - 0.30Z
2.	MAILING ADDRESS (ST/RD/P,O. BOX) P.O. 156				APC	APC LOG/PERMIT NO.
	Blank M		STATE TO	ZIP CODE 774	17	PHONE WITH AREA CODE
3.	SITE ADDRESS (ST/RD/HWY) 3300 Green word					PHONE WITH AREA CODE
4.	SITE ADDRESS (ST/RD/HV	00 Greenw	and beca	7	COUNTY NAME Wishington	
	CITY OR DISTANCE TO NEAREST TOWN			J7W1		PHONE WITH AREA CODE
5.	EMISSION SOURCE NO. (NUMBER WHICH UNIQUELY IDENTIFIES THIS SOURCE) 1-900 172			PERMIT RENEV YES ()	WAL NO (PECEIVED
6.	BRIEF DESCRIPTION OF	EMISSION S	SOURCE			RECLI
Sta	ge I Vapor Recovery	y for gasol	line storage tank	sPol	llution	Reduction Device Code 047 MAY 25 2006
				* *		JOHNSON CITY ENVIRONMENT ASSISTANCE CENTER
7.	TYPE OF PERMIT REQUI	ESTED				
	CONSTRUCTION STARTI	NG DATE	COMPLETION DATE	LAST PERMIT NUMBER		EMISSION SOURCE REFERENCE NUMBER
		CONSTRU- STARTED	DATE COMPLETED	LAST PERMIT NUMBER	•	EMISSION SOURCE REFERENCE NUMBER
	LOCATION TRANSFER DATE TRANSFER			LAST PERMIT NUMBER		EMISSION SOURCE REFERENCE NUMBER
	ADDRESS OF LAST LOCA	TION		1		
8.	DESCRIBE CHANGES TH OPERATING PERMIT API				R OPERA	TION SINCE THE LAST CONSTRUCTION OR
	SIGNATURE (APPLICATION MUST BE SIGNED BEFORE IT WILL BE PROCESSED)				DATE	
9.	8111 21		DIGINOD DEL GIOTA			. 03 20-06



DEPARTMENT OF ENVIRONMENT & CONSERVATION AIR POLLUTION CONTROL 401 CHURCH STREET, L & C ANNEX NACHVILLE TN 37243 1631

MAY 0 1 2006

NASHVILLE, TN 37243-1531 NOT TO BE USED FOR PERMIT APPLICATION FOR STAGE I AND STAGE II VAPOR RECOVERY TITLE V APPLICATIONS FOR APC USE ONLY: COUNTY COMPANY POINT # LOG/PERMIT# APC 150 1. FACILITY NAME OWNER'S NAME SITE ADDRESS (ST/RD) MAILING ADDRESS (ST/RD/P.O. BOX) Green CITY, STATE, ZIP CODE . TN STUU TELEPHONE NUMBER TELEPHONE NUMBER CLAIMING INDEPENDENT SMALL BUSINESS (I. S. B.) MARKETER OF GASOLINE AS STATED IN RULE 1200-3-18-.24(2) NO_ IF YES, SUBMIT NOTARIZED CERTIFICATION STATING THAT BUSINESS SATISFIES THE I.S.B. DEFINITION CRITERIA FOUND IN 1200-3-18-24(2) AND PROVIDE THE FOLLOWING INFORMATION: OWNER'S ANNUAL INCOME FROM REFINING OR MARKETING OF GASOLINE N/A OWNER'S TOTAL ANNUAL INCOME N/A 3. NUMBER, GAS TYPE, CAPACITY, TYPE OF TANK - ABOVEGROUND (AG) UNDERGROUND (UG), INSTALLATION DATE TANK # GAS TYPE SIZE TANK TYPE INST, DATE TANK# **GAS TYPE** TANK TYPE INST. DATE unl 314 GAL AG / UG GAL AG / UG GAL AG / UG 5 GAL AG / UG 3 GAL AG / UG 6 GAL AG / UG 4. TOTAL NO. GASOLINE NOZZLES N/A MAKE N/A MODEL N/A GASOLINE DISPENSER MAKE. MODEL N/A 03 - 06 VR 103 6. TYPE OF STAGE I SYSTEM (CARB EXECUTIVE ORDER) INSTALLATION DATE 7. TYPE OF STAGE II SYSTEM (CARB EXECUTIVE ORDER) INSTALLATION DATE N/A TYPE OF PRESSURE/VACUUM VENT VALVE (IF INSTALLED) MAKE MODEL. MAXIMUM MONTHLY THROUGHPUT _ GAL. AVERAGE YEARLY THROUGHPUT GAL. 10. MINIMUM SLOPE OF STAGE II VAPOR RETURN LINES FROM DISPENSERS TO UNDERGROUND TANKS INCHES PER FOOT 11. TYPE OF PERMIT REQUESTED CONSTRUCTION STARTING DATE COMPLETION LAST PERMIT NUMBER EMISSION SOURCE REFERENCE NUMBER DATE OPERATING DATE CONSTRU-DATE COMPLETED EMISSION SOURCE REFERENCE NUMBER LAST PERMIT NUMBER CTION STARTED

14. SIGNER'S NAME (TYPE OR PRINT

13. SIGNATURE OF APPLICANT

12. SUPPLIER OF GASOLINE

COMPANY NAME

PHONE NUMBER

ADDRESS

DATE

CONTACT NAME

PHONE NUMBER

mn

ADDRESS

TITLE

Dele Gres

CN-1001 (Rev. 02/06)

07-20-06

CODE 427-223-5237

PHONE NO. WITH AREA